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| <b>Case Number:</b>   | CM15-0013453 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 12/11/2013 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 01/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/23/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Texas, New York, California  
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37 year old male with an industrial injury on 12/11/2013. The injured worker states he was lifting a water meter and heard a pop in his wrist causing a sharp shooting and continuous pain. On 01/02/2015 he had completed 6 weeks of long arm cast treatment and cast had been removed. Out of the cast he is "quite stiff." Prior treatment consisted of a long arm cast, cold and warm compresses and medications. MRI of the right wrist dated 02/07/2014 showed marrow edema suggestive of bony contusion involving the proximal ulnar aspect of the lunate. No ligamentous injury is appreciated. Diagnosis was right wrist strain. The provider requested occupational therapy. On 01/13/2015 utilization review denied the request for occupational therapy once a week for eight weeks for right wrist. MTUS/ACOEM and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Occupational Therapy once a week for eight weeks for the right wrist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Forearm Wrist and Hand Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 99 of 127.

**Decision rationale:** Yes, the request for eight sessions of occupational therapy was medically necessary, medically appropriate, and indicated here. The eight-session course of treatment proposed is compatible with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. While the applicant may very well had 18 sessions earlier in the course of the claim, the eight sessions of treatment were proposed after a significant change in the clinical picture and/or a significant change in treatment, namely, the applicant had been immobilized and/or casted for approximately six weeks. Additional occupational therapy was indicated to facilitate the applicant's functional recovery following casting in late 2014-early 2015. Therefore, the request was medically necessary.